Attorney Docket No.:	701879.4013
----------------------	-------------

DECLARATION

As a below named inventor, I hereby declare that this declaration is of the following type:							
	original design supplement national stag		CT	division continu			
My residence, p	ost office ad	dress a	and citizenship are	as stated t	pelow next to my nam	e.	
I believe I am t joint inventor (i is sought on the	he original, f f plural name invention en	irst and s are t titled _	d sole inventor (if isted below) of the CLOSURE D	only one n	name is listed below) atter which is claimed , the specification of	or an origin	al, first and ich a patent
(a) (b) (c)	X was am was am	filed o ended descr	ibed and claimed	in PCT In	ted States Application _ if applicable ternational Applicatio	n No	
			and	was ame	nded on	(if applicat	ole).
uning unit unit	that I have iims, as amei	review nded b	ved and understally any amendment	nd the cor (s) referred	ntents of the above-	identified sp	pecification,
I acknowledge accordance wit applications, ma the filing date of	the duty to o th Title 37, aterial informa the national	lisclose Code ation w or PC1	e information whic of Federal Reg thich became avail I international filing	th is mater ulations, { able betwe date of the	rial to the patentability 1.56, including for the filing date of the continuation-in-part	or continuat he prior appl application	ion-in-parts lication and
I hereby claim for patent, inventor' designated at lidentified below	oreign priority s or plant bree east one co , by check the any PCT inte	benefeder's untry o	fits under 35 USC srights certificate(sother than the Ur	119 (a) ~ (s), or 365(a sited State	d), or 365(b) of any for any PCT internal s of America, listed patent, inventor's or date before that of t	oreign applicational applicational application below and	ation which have also
(d) (e)	no si	uch ap applic	plications have becation have been fil	en filed ed as follo	ws:		
Prior Foreign Application Nu	mber(s)	Count	try	Date of F	iling	Priority Cla	
	_					Yes	No
I hereby claim tapplication(s) list	the benefit uted below.	nder 7	Fitte 35, United St	lates Code	§119(e) of any Un	ited States	provisional
Application Nu	mber(s)	Filio	g Date				
None		1 11111	Juais				
F		<u> </u>					
hereby claims the benefit under 35 USC § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC § 112, I acknowledge the duty to disclose material information as defined in 37 CFR § 1.56(a), regarding events which occurred between the liling date of the prior application and the national or PCT international filing date of this application:							
Application Seri	al No.		Filing Date				
10/435,104			5/9/2003		Status-patented, pe Pending	riding, aban	doned
10/335,075			12/31/2002		Pending		
10/081,726]	2/21/2002		6,623,510 issued Se	entember 00	3000
09/732,178			12/7/2000		6719777 issued Apr	il 13, 2004	, 2003

Page 1 of 1

BEST AVAILABLE COPY

DOCSOC1:151076.1 701879-4013 J2G Direct all correspondence to:

Attorney Docket No.: 701879.4013

Orrick, Herrington & Sutcliffe LLP

Customer No.

Attn: James W. Geriak 4 Park Plaza, Suite 1600 Irvine, CA 92614-2558

34313

Tel. (949) 567-6700 Fax. (949) 567-6710

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME OF INVENTOR	FIRST Name Michael	MIDDLE Initial T.	LAST Name Carley	
201	RESIDENCE & CITIZENSHIP	City San Jose	State or Foreign Country California	Country of Citiz	zenship
	POST OFFICE ADDRESS	1681 The Alameda #28	City San Jose	State or Country CA	Zip Code 95126
		m a	1		

INVENTOR'S SIGNATURE Muchael of lung

Date: Sept. 20, 2004

	FULL NAME OF INVENTOR	FIRST Name Richard	MIDDLE Initial S.	LAST Name Ginn	
202	RESIDENCE & CITIZENSHIP	City San Jose	State or Foreign Country California	Country of Citiz	zenship
	POST OFFICE ADDRESS	297 Marti Way	City San Jose	State or Country California	Zip Code 95136

INVENTOR'S SIGNATURE

Date:

	FULL NAME OF INVENTOR	FIRST Name Javier	MIDDLE Initial	LAST Name Sagastegui	
203	RESIDENCE & CITIZENSHIP	City Castro Valley	State or Foreign Country California	Country of Citiz	enship
	POST OFFICE ADDRESS	3430 Sommerset Ave., #2	City Castro Valley	State or Country CA	Zip Code 94546

INVENTOR'S SIGNATURE

Date:

FULL NAME OF

FIRST Name

Attorney Docket No.: 701879.4013 MIDDLE Initial LAST Name Jabba Country of Citizenship **United States** State or Country Zip Code

Date:

INVENTOR Ronald **RESIDENCE &** City State or Foreign Country 204 **CITIZENSHIP** Redwood City California POST **OFFICE** City 144 Oakdale St. **ADDRESS Redwood City** California 94062 INVENTOR'S SIGNATURE Date: 9/23/04 **FULL NAME OF FIRST Name** MIDDLE Initial LAST Name **INVENTOR** William N. Aldrich RESIDENCE & City State or Foreign Country 205 Country of Citizenship CITIZENSHIP Napa California **United States** POST OFFICE City P.O. Box 6528 State or Country Zip Code ADDRESS Napa California 94581 INVENTOR'S SIGNATURE Date: **FULL NAME OF FIRST Name** MIDDLE Initial LAST Name INVENTOR W. Martin Belef **RESIDENCE &** City State or Foreign Country 206 Country of Citizenship CITIZENSHIP San Jose California **United States** POST OFFICE City State or Country 1177 Britton Ave. Zip Code **ADDRESS** San Jose California 95125 INVENTOR'S SIGNATURE *વ. ૧*૦-૦*ત* Date: **FULL NAME OF** FIRST Name MIDDLE Initial LAST Name INVENTOR RESIDENCE & City 207 State or Foreign Country Country of Citizenship CITIZENSHIP POST OFFICE City State or Country Zip Code **ADDRESS** INVENTOR'S SIGNATURE Date: **FULL NAME OF** FIRST Name MIDDLE Initial LAST Name **INVENTOR RESIDENCE &** City 208 State or Foreign Country Country of Citizenship CITIZENSHIP POST OFFICE City State or Country Zip Code **ADDRESS**

INVENTOR'S SIGNATURE

Sep 20 2001 12:30PM HP LASERJET 3330

p.	2
----	---

Direct all correspondence to:

Attorney Docket No.: 701879.4013

Customer No.

Orrick, Herrington & Sutcliffe LLP Attn: James W. Gerlak

4 Park Plaza, Sulte 1600 Irvine, CA 92614-2558 Tel. (949) 567-6700 Fax. (949) 567-6710

34313

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME OF INVENTOR	FIRST Name Michael	MIDDLE Initial T.	LAST Name Carley	
201	RESIDENCE & CITIZENSHIP POST OFFICE	City San Jose	State or Foreign Country California	Country of Citi United States	zenship
	ADDRESS	1681 The Alameda #28	City San Jose	State or Country CA	Zip Code 95126
INVE	NTOR'S SIGNATURE			Date:	·
, ·	FULL NAME OF INVENTOR	FIRST Name Richard	MIDDLE Initial S.	LAST Name	
202	RESIDENCE & CITIZENSHIP POST OFFICE	City San Jose	State or Foreign Country California	Country of Citiz	zenship
	ADDRESS	297 Marti Way	City San Jose	State or Country California	Zip Code 95136
INVE	NTOR'S SIGNATURE			Date: 9/20/	och
	FULL NAME OF INVENTOR RESIDENCE &	FIRST Name Javier	MIDDLE Initial	LAST Name Sagastegui	
203	CITIZENSHIP	City Castro Valley	State or Foreign Country California	Country of Citiz United States	enship
	ADDRESS	3430 Sommerset Ave., #2	City Castro Valley	State or Country CA	Zlp Code 94546
INVE	NTOR'S SIGNATURE			Date:	07010

DOCSOC1:151076.1 701879-4013 J2G

Page 2 of 3

Attorney Dockel No.: 701679.4013

	ULL NAME OF	FIRST Name	MIDDER IUMA	LAST Name Jabba	
IN	NVENTOR	Ronald	State or Foreign Country	Country of Citize	enship
	ESIDENCE &	City	California	United States	
04 2	ITIZENSHIP	Redwood City		State or Country	Zip Code
	OST OFFICE	144 Oakdale St.	City Redwood City	California	94062
	ADDRESS	144 Cardale Ct.	Reawood Oily		
ئا	100112	 _			•
				Date:	
NVEN	TOR'S SIGNATURE				
			MIDDLE Initial	LAST Name	
	FULL NAME OF	FIRST Name	N	Aldrich	onchin
ļ	INVENTOR	William	State or Foreign Country	Country of Citi	reusuih
20E T	RESIDENCE &	City	California	United States	Zip Cade
205	CITIZENSHIP	Napa	City	State of Country	94581
Γ	POST OFFICE	P.O. Box 6528	Napa	California	<u> </u>
Ĺ	ADDRESS	1.111		01	20/04
	•	//////		Date:	00/04
	NTOR'S SIGNATUR	E NNIVO		Date.	
INVE	NION & SIGRATOR			LAST Name	
	FULL NAME OF	FIRST Name	MIDDLE Initial	Relef	
	INVENTOR	W	Martin Country		Izenship
	RESIDENCE &	City	State or Foreign Country	United States	·
208	CITIZENSHIP	San Jose	Celifornia	State of Country	
	POST OFFIC		City	California	95126
	ADDRESS	1177 Britton Ave.	San Jose		
	AUDRESS				
\				Date:	
ואעו	ENTOR'S SIGNATUL	RE			
ואעו	ENTOR'S SIGNATUL		I MIDDLE Initial	Date:	
INVI	ENTOR'S SIGNATU	RE FIRST Name	MIDDLE Initial	LAST Name	
INVI	ENTOR'S SIGNATULE FULL NAME OF INVENTOR	FIRST Name		LAST Name	
	FULL NAME OF INVENTOR		MIDDLE Initial State or Foreign Counti	LAST Name	itizenship
207	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP	FIRST Name	State or Foreign Countr	LAST Name	itizenship
	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE	FIRST Name		LAST Name	itizenship
	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP	FIRST Name	State or Foreign Countr	LAST Name	itizenship
	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE	FIRST Name	State or Foreign Countr	Country of C	itizenship
207	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	FIRST Name City CE	State or Foreign Countr	LAST Name	itizenship
207	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE	FIRST Name City CE	State or Foreign Countri City	LAST Name ry Country of C State or Country Date:	itizenship y Zip Code
207	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS VENTOR'S SIGNATURE.	FIRST Name City DE	State or Foreign Countr	Country of C	itizenship y Zip Code
207	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS /ENTOR'S SIGNATU	FIRST Name City CE	State or Foreign Countries City MIDDLE Initial	LAST Name Country of C State or Countr Date:	Zip Cod
207	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFIC ADDRESS	FIRST Name City DE FIRST Name	State or Foreign Countri City	LAST Name Country of C State or Countr Date:	Zip Cod
207	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFIC ADDRESS /ENTOR'S SIGNATURE FULL NAME OF INVENTOR RESIDENCE &	FIRST Name City DE	State or Foreign Countries City MIDDLE Initial State or Foreign Countries	LAST Name Country of C State or Countr Date: LAST Name	Zip Code
207 IN	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFIC ADDRESS /ENTOR'S SIGNATU FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP	FIRST Name City JRE FIRST Name City	State or Foreign Countries City MIDDLE Initial	LAST Name Country of C State or Countr Date:	Zip Code
207 IN	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS /ENTOR'S SIGNATU FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE	FIRST Name City JRE FIRST Name City	State or Foreign Countries City MIDDLE Initial State or Foreign Countries	LAST Name Country of C State or Countr Date: LAST Name	Zip Code
207 IN	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFIC ADDRESS /ENTOR'S SIGNATU FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP	FIRST Name City JRE FIRST Name City	State or Foreign Countries City MIDDLE Initial State or Foreign Countries	LAST Name Country of C State or Countr Date: LAST Name	Zip Code
207 IN	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS /ENTOR'S SIGNATU FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE	FIRST Name City JRE FIRST Name City	State or Foreign Countries City MIDDLE Initial State or Foreign Countries	LAST Name Country of C State or Countr Date: LAST Name	Zip Code

Practitioner's Docket No. 7694.US.P3

ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX) OR LEGAL REPRESENTATIVE ON BEHALF OF DECEASED OR INCAPACITATED INVENTOR (37 C.F.R. → 1.42 AND 1.43)

I,	Jana Sagastegui
,	(type or print name(s) of administrator(trix), executor(trix), legal representative or all heirs)
hereby declar	e that I am a citizen ofUnited States of America
	5186 Newgate Drive
	Castro Valley, CA. 94552
and that I am	executing and signing the declaration to which this is attached as
	(check one):
[be}	the administrator(trix) of
[]	executor(trix) of the last will and testament of
[]	legal representative (or heirs) of
Full name of	(first, second etc.) deceased or incapacitated inventor: Javier Sagastegui
Country of cit	tizenship of deceased or incapacitated inventor: United States of America
Residence of	deceased or incapacitated inventor: Castro Valley, CA 94552
Post Office A	ddress of deceased or incapacitated inventor: 5186 Newgate Drive, Castro Valley, CA. 94552
That, upon inf	formation and belief, I aver those facts that the inventor is required to state.
Date://	/12/04 Dagadeoni
	signature of administrator(trix), executor(trix), legal representative (or all heirs)

(Added Page to Combined Declaration and Power of Attorney for Signing by Administrator(trix). Executor(trix) or Legal Representative on Behalf of Deceased or Incapacitated Inventor (37 C.F.R. ≥ 1.42 and 1.43)Xpage 1 of 1)

1,00 10 5001 10 0	1.55000 4430014. 54014		DE-150
	1	ELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
	(510) 444-6800 (51	0) 835-6666	
Monica Dell'Oss	so State Bar No. 103105		
Burnham Brown	Street, 11th Floor		54.5
Oakland, CA 946	(12		ENDORSED
Dakiana, CA 340	, 2.2		ALAMEDED
ATTORNEY FOR (Name): Jai	nina Sagastequi		ALAMEDA COUNTY
SUPERIOR COURT OF	CALIFORNIA, COUNTY OF Alamed	la	NOV 1 8 2004
STREET ANDRESS: 122	21 Oak Street		i i
MAILING ADDRESS: 122	25 Fallon Street		CLERK OF THE SUPERIOR COURT
CITY AND ZIP CODE Oal	cland, CA 94612		By Leticia Portages, Deputy
BRANCH MAME: NO	rthern Branch		
ESTATE OF (Name):	Francisco Javier Sagasteg	11, a150	
known as Javi	er Francisco Sagastegui, Ja	Viel	· }
Saqast.equi		DECEDENT	CASE NUMBER:
	LETTERS	MINISTRATION	
TESTAMENTARY		L ADMINISTRATION	RP04185438
OF ADMINISTRA	1,010	· ·	AFFIRMATION
(LETTERS	1 FEBURIC	ADMINISTRATOR: No affirmation required
1. The last will of the	e decedent named above having		ode, § 7621(c)).
deen proved, ure	court appoints (name):		
a. 🗀 executor		2. TI INDIVIDU	JAL: I solemnly affirm that I will perform the
b. administ	rator with will annexed.	duties of	personal representative according to law.
	ts(name): Janina Sagastegui		
		3. TI INSTITU	TIONAL FIDUCIARY (name):
	rator of the decedent's estate.		and the state of the state of the said and t
b. X special a	dministrator of decedent's estate	I solemn	ly affirm that the institution will perform the personal representative according to law.
(1) 🛣	with the special powers specified	Quics of	his affirmation for myself as an individual and
	in the Order for Probate.	i make u	f of the institution as an officer.
(2)	with the powers of a general administrator.	(Name a	
(a) [V]	letters will expire on (date): /2 - 28-04	A (142/110 II)	
(3) ⊑⊈	inters will expire our (date).		
3. X The gersonal rep	resentative is authorized to administer		
the estate under	the Independent Administration of		
	X with full authority	4. Executed on (d	
🔙 i with ilmite	d authority (no authority, without	at (place): Ca	astro Valley . California.
court supervision	, to (1) sell or exchange real property		•
	tion to purchase real property or (3)	1	$\sqrt{}$
	th the loan secured by an	1	Bagaddelper
encumbrance upo	on real property).		(SIGNATURE)
		Janina/Sagas	st ¢ gui
	resentative is not authorized to take oney or any other property without a		CERTIFICATION
specific court orde	•	certify that this	document is a correct copy of the original on
Sharma 60011 610.		file in my office and	the letters issued the personal representa-
	•	tive appointed above	ve have not been revoked, annulled, or set
WITNESS, clark of the co	urt, with seal of the court affixed.	aside and bro sun	m full force and effect.
(recu)		(SCO)	NOV 1 8 2004
(SEAL)	Date: NOV 1 8 2004	1 /5/ _A	Date:
	ARTHUR MIMS	1 1 S S S S S S S S S S S S S S S S S S	ARTHUR-SIMS Clerk, bexecutive of Pricerucleric
	Clerk, bexecutive oppicerucusak	No the second	
			State Portale
	LETICIA PORTADES	Committee	
]	(DEPUTY)	LAC LINE	(DEPUTY)
Form Approved by the Judicial Council of California	LETTE		Probate Cade, \$5 1001, 8401, 9406, 8544, 8545;
DE-150 (Rov. January 1, 1998)	(Prob	ate) Solu	LTONS Code of Civit Procedure, § 2015,8
Mandatory Use (1/1/2000)		~	~ -

	111-111
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state our maniper, and estimas):	FOR COURT USE ONLY
Monica Dell'Osso State Bar No. 103105	
	\ .
-Burnham Brown	
1901 Harrison Street, 11th Floor	ENDORSED
Oakland, CA 94612	FILED
TELEGRAPHEND: (510) 444-6800 FAXNO. (Contional): (510) 835-6666	ALAMEDA COUNTY
TELEPHONE NO.: (510) 444-6800 FAX NO. (Optional): (510) 835-6666	
E-MAIL ADDRESS (Optional):	NOV 1 6 2004
ATTORNEY FOR (Numo): Janina Sagastequi	1404 1 0 5004
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ATAMEGA	CLERK OF THE SUPERIOR COURT
STREET ADDRESS 1221 Oak Street	
MAILING ADDRESS: 1225 Fallon Street	5, Leticia Portades, Deputy
CITY AND ZIF CODE: Oakland, CA 94612	
CITY AND ZIP CODE: URK TRILLY, CA	1
GRANCH NAME Northern Branch]
ESTATE OF (Name): Francisco Javier Sagastegui, also known	
lag Tawiar Wrancisco Sagastegul, Javiet Bagastegul	·
Probate of Will and for Letters Testamentary	CASE NUMBER: 04185438
	K b 0.4 10 0 - 0
	HEANING DATE:
with Will Annoxed	12-28-04
Lotters of Administration	1222
Letters of Special Administration with general powers	DERY : TIME:
Tyle Authorization to Administer Under the Independent	OCPT.: TIME:
Administration of Estates Act with limited authority	23
Administration of Estates Act L. Commond	
1. Publication will be in (specify name of newspaper): Inter-City Express	
a. Publication requested. b. (X) Publication to be arranged.	requests
2. Potitioner (name of each): Janina Sagastegui	18400355
The state of the second section of the section of the second section of the	
a decedents will and codicis, if any, be admitted to product	
b. X (name): Janina Sagastegui to appoint (1) executor (3) X admin	vietrator
	al administrator with general powers
	al administrator () with Datieral boston
and Letters issue upon qualification.	
c. X that X full imited authority be granted to administer under the I	ndependent Administration of Estates Act.
I TO I I I A SA DE SENSION FOR THE TOTAL OF STATE OF THE TOTAL O	
beed to Great It will be furnished by an aumities su	rety insurer or as otherwise provided by law.
(2) \$ band be fixed. It will be furnished by an admitted so (Specify reasons in Attachment 2 if the amount is different from the maximum.)	mum required by Prob. Code § 8482.)
(Specify reasons in Attachment 2 if the amount is different than the man	
(3) [] \$ in deposits in a blocked account be allowed. Receipt	s will be filed. (Specify institution and reservery.
· · - — ·	
3. a. Estimated value of the estate for filing fee purposes (Complete in all cases. The	e estimated value of the estate is the lair
market value of the real and personal property of the estate at the date of the dece	dent's death, without reduction for
market value of the real and personal property of the estate of the estate of	•
encumbrances. See Gov. Code, § 26827.):	t \$1.5 million and less than \$2 million
(1) (21.) 2000 (10.) 41-1-	The state of the s
(2) At least \$250,000 and less than \$500,000 (7) At least	t \$2 million and less than \$2.5 million
(3) [At least \$500,000 and less than \$750,000 (8) At least	t \$2.5 million and less than \$3.5 million
(3) [_] At least \$500,000 and less than \$1.500.	•
(4) ; // 1000141 001000 0000	ا معموم کی مرباس استان در این در در در این در در این در در این در در این در این در این در در این در این در این در این در
(5) At least \$1 million and less than \$1.5 million (Spe	cify total estimated value of estate.)
b. [] This petition is not the first petition for appointment of a personal representati	ve with general powers filed in this
a. Inis petition is not the list petition for appoint of a period in the list petition for appoint of a period in the list petition for a petiti	
proceeding. The first petition was filed on (date):	
4. a. Decedent died on (date): 04/02/2004 at (place): Castro Valley	, CA
(1) a resident of the county named above.	Incated at (specify Incation permitting
(2) a nonresident of California and left an estate in the county named above	modes at (spoots toosion portion)
publication in the newspaper named in item 1):	man and a modern Charles
b. Street address, city, and county of decedent's residence at time of death (specify):	5186 Newgate Drive, Castro
Valley, CA 94552	
rannal i di cana	
	Page 1 of 3

(Continued on reverse)

Form Adopted for Mandatory Use Judicial Council of California DG-111 [Rev. August 17, 2003]

PETITION FOR PROBATE

Pronoto Code, 55 8002, 10450 Government Code, 5 26827

ESTATE OF (Name): Francisco Javier Sagastegui, also known as Javier Francisco Sagastegui, Javier Sagastegui DECEDENT	
4. c. Character and estimated value of the property of the estate for bond purposes:	
(1) Personal property: \$ 0	
(2) Annual gross income from	
(a) real property: \$ 0	
(b) personal property: \$ 0	
Total: \$ 0 (3) Real property: \$ 0 (If full authority under the Independent Administration of Esta state the fair market value of the real property less encumber.	ites Act is requested, ances.)
d. (1) Will walves bond. Special administrator is the named executor and the will walves bond. (2) All beneficiarles are adults and have waived bond, and the will does not require a bond. (Affix was	
4d(2).) (3) X All heirs at law ere adults and have waived bond. (Affix waiver as Attachment 4d(3).)	
2 / V Decident died intestate	
Doddielle dated: 276 affixed	as Attachment 4e(2).
(2) : Copy of decedent's will dated: Coulcils dated. (Include in Attachment 4e(2) a typed copy of a handwritten will and a translation of a foreign lang [The will and all codicils are self-proving (Prob. Code, § 8220).	uage will.)
f. Appointment of personal representative (check all applicable boxes):	
 (1) Appointment of executor or administrator with will annexed: (a) Proposed executor is named as executor in the will and consents to act. 	
(b) No executor is named in the will.	ation as Attachment
(c) Proposed personal representative is a nominee of a person entitled to Letters. (Affix nomine 4f(1)(c).)	
(d) Other named executors will not act because of death declination other Attachment 4f(1)(d)).	Teasons (specify in
(2) Appointment of administrator:	s) I
(a) Petitioner is a person entitled to Letters. (If necessary, explain priority in Attachment 4f(2)(a)	17-7 21751 1
(b) Petitioner is a nominee of a person enlitled to Letters. (Affix nomination as Attachment 41(2)(D).)
(c) X Petitioner is related to the decedent as (specify): Spouse	.h.m.o.nt 4//21 1
(3) Appointment of special administrator requested. (Specify grounds and requested powers in Atta	mment 41(3).)
g. Proposed personal representative is a X resident of California onnresident of California (affix states address as Altachment 4g). X resident of the United States.	
5. Decedent's will does not preclude administration of this estate under the independent Administration of E	States Act.
6. a. The decedent is survived by (check at least one box in each of Items (1)-(4)). (1) X should be spouse as follows:	
(2) domestic partner X no domestic partner (See Prob. Code, §§ 37(b), 6401(c), and 6402.)	ld.
(3) K child as follows: X natural or adopted natural adopted by a third party no chi	
(4) issue of a predeceased child in issue of a predeceased child issue of a predeceased child	adonted by decadent
b. Decedent is is not survived by a stepchild or foster child or children who would have been but for a legal barrier. (See Prob. Code, § 5454.)	acopies by cocouning
7. (Complete if decedent was survived by (1) a spouse or domestic partner but no issue (only a or b apply), or (2)	no spouse,
domestic partner, or issue. Check the first box that applies):	• •
a. Decedent is survived by a parent or parents who are listed in item 9.	
 Decedent is survived by issue of deceased parents, all of whom are listed in Item 9. 	•
c. Decedent is survived by a grandparent or grandparents who are listed in item 9.	
d. Decedent is survived by issue of grandparents, all of whom are listed in item 9.	
e. Decedent is survived by issue of a predeceased spouse, all of whom are listed in item 9.	
f. Decedent is survived by next of kin, all of whom are listed in item 9.	
 g. Decedent is survived by perents of a predeceased spouse or issue of those parents, if both are pred are listed in Item 9. 	3ceased, all of whom
h. Decedent is survived by no known next of kin.	
DE-111 [Ray, August 17, 2003] PETITION FOR PROBATE	Page 2 of 3

ESTATE OF (Name): Francisco Javie	r Sagastegui,	also known as	CASE NUMBER:	1
Javier Francisco Sagastegu	i, Javier Saga	ategui DECEDENT]
8. (Complete only if no spouse or issue survive spouse who (1) died not more than (2) died not more than five years before dent. (3) died not more than five years before dent. (3) died not more than five years before dent. (3) died not more than five years before dent. (3) died not more than five years before dent. (3) died not more than five years before dent is survived by issue of a died dent. (4) Decedent is survived by next of king the content of the posterior will are the names, relationships.	ore decedent owning per if you checked (1) or (2) predeceased spouse, a or parents of the predece parent of the predecea n of the decedent, all of n of the predeceased sp	rsonal property value, check only the first ball of whom are listed in eased spouse who are sed spouse, all of who whom are listed in iter louse, all of whom are	Id at \$10,000 or more that passed tox that applies): In item 9. Illsted in Item 9. Im are listed in Item 9. In 9. Ilisted in item 9. Ilisted in item 9.	oner, of
 Usled below are the names, relationships. all persons named in decedent's will are 6, 7, and 8; and (3) all beneficiaries of a decedent. 	ages, and addresses, and codicis, whether living avisee trust in which the	trustee and personal	representative are the same pers	ms 2, ion.
Name and Relationship	Age	A	daress	
Janina Sagastegui	Adult		ewgate Drive	
Spouse	•	Castro	Valley, CA 94552	
	Minor (DOB:	3/5/91)5186 N	ewgate Drive	
Karina Sagastegui	13 yrs.	Castro	Valley, CA 94552	
Daughter	15 725.			
	Adult	236C V	alley Creek Lane	
Anita Sagastegui	Adult		le, CA 94526	
Daughter		24.0-24		
	Adult	236C V	alley Creek Lane	•
Elina Sagastegui	Yadir		le, CA 94522	
Daughter		*****		
·				
Continued on Atlachment 9.				
10. Number of pages attached:1		· M	· Day Ore	
Date: 11/14/04		1107	(SIGNATURE OF ATTORNEY')	
* (Signature of all peditioners ejec required. (Prob. Code, 9 California Rujes of Court, rule 7.103).)	§ 1020	Monica Dell	Osso	
! declare under penalty of perjury under the I	aws of the State of Calif	fornia that the foregoin	g is true and correct.	
Date: 13/16/2004			22 ilani	
Janina Sagastegui (TYPE OR PRINT NAME)			(SIGNATURE OF PETMONE)	<u>-</u>
		6	v	
(TYPE OR PRINT NAME)			(SIGNATURE OF PETITIONER)	
(OTEC OR FIGURE)				Page 3 of
QE-111 [Rev. August 17, 2005]	PETITION FO	OR PROBATE		

STANDOLD OF BUY H

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

			CERTIFIC	ATE OF DE	ATH mathemat		3200401		······································		•
	1 MAN DE SECRETA *** MAN L'ONNE 1 MONTE			3 m. koah							
•	Francisco		Javier		58;	Bastegu		6 page 17 80	- 1 to		
3	towier Prancis	sco Sagaategul			09/1947	57 .	- 044	- Alberta	М		
ğ	- S STAN SET TEL CHEMP SCALL	an IN COOK CLOCKET N		WALES & SWEET	12 MINTAL BYADAS	61 to- 4 to-10	1 Date CE PEATE AND		335		
Ę	nexico	456-98-246		<u>X</u> 100 Um	Married Generalist		D4/G2/200		332		
, <u>t</u>	Masser's	M'm Hexican			ትሽ ኔ ፒል						
Ĕ	1) USUAL COCUPATION 1 /04 (place to sens criss DO not Job	it free	Medical	Origin (+ 9 - Auto)	w1, ~ = = - ·		4 -	#13170000000 32		
	Serior Engine			Hedical							
- K		Dr.			· · · · · · · · · · · · · · · · · · ·		MAT 35 8747(\$306)	11: 00: 150.			
PERMITTER	Gastro Valle		Alameda	945	46	12	GA.				
	A PICENIATE HAR SCATE	September 1.5		ST PATERINGS A	7 40 400 (73 Line	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PRINCE OF COLUMN STATE				
3	Janina Sagas	regui - Dire	THE SECULE	1.5186. Nev	Bace Dr.		Valley, CA	34240			.•
5.				e is Partier en	وفق	• :	Ò.,				••
ACTIVATION OF	31 mm; (# /m/m/4 = \$4051	i ii	E SOOL A PRO		Au. 1431 6:0	gastegi	, ,		cadeo		
4.5	Javlet				37.643/1964-04	, co <u>b</u> ,	je -		\$40 C 1475	,	
3	Concepcion				A GETZO.	*	300 Yo	и	ezico	_	
KTO V	04/06/2004	SCATTET SE	Sed OEV San	reguisco	Coast San	Franci	Caco, CA				
A P					ned (C.)			4 CORR	E MARI'N	1	
	1 00/360	A SA SA BAR	- Depart	ior Embali	ned "	18-7	7. 1404.3			i.	
TORE TAN	Jess E. Spenc	er Mortuary: T	ñe. 10 11	ca d	2/8/8	F7. 0	! Hew	1.04/	05,12004	\$	
7	. O. FLACE DE DENTO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7 27 1	Pr (Civer)	and production	Primes Marie Applies	Z:		ŀ	•
PLEG	Own Residence	property to the same	SA COOPE ON PROPERTY OF		37.	- S	3-5			1	
	71222000	Je. 2186-406	s como metros gator VI. P	17.28 A. 18.10	1 7	المجرا فيوسي	7:	ep. vali	ey		
	- Control of the cont	ronaly Arreiv			e se iron paperant	in 16.2	100	Z "			
·	→ C	ronally Arreiv	Disease	Sept 1. Provide	,	8 m	f B nos.	2004-	CIIZS		
	Remaining Re	nal failure		A STATE OF	10 mg 10 10 mg 10	N. 100	6 Hos			ĺ	
- 5	mush End	8100	A COL	100		N(9)	13 27	1	STATE COLOR	ĺ	
÷ 5		isbetts Type L	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 12 1 4 4 g		***	1077	111, 1522 10	OR FF Remarks St. P.	İ	-
3	Accession to the ball					• '	10		. 🔲 🕆]	
		Cardinayopath		ADDRESS TO A CAUDE D	none in	-	glander View			1	·
	THE WAR DE CONTRACTOR	TO THE WORLD COMPANY	47 Ch (45 (8 / 18, b) live of 0		· · · · · · · · ·			M PEMET, FRO	TAN HALL TON		
	Peritoneal L	ialy: 18 Cacher	r 12/03/200	3	<u> </u>	3734		YES, T] ~o		
PHYSOLICS	A TRE NO. A PATE AND PLACE STATE	TO PROMISE CONTRACT OF THE PROMISE O			ا مراهند از در د			14/05/20		·	•
K E	12/07/2000	04/01/2004	Cynthia Maho	Argunda Balano	PORTE TO LONG	Chebb	- 04 8270	CA -94	V41164	ļ	• •
	**IL TERRETTENT (FINE DESCRIPTION BETTER BET	LITER MEDIT THE POW LITE A	O FLOR WATER INCOME		ISa MARRED	AT WORKS	W. MUNIPORT	- Augusto	2. 10.0 Uma		•.
S USSE ONLY	The Cost of Marie	a Continuo ato additional at	- and - the	- idaa	760						
		. (•				:			1.	
	134 25 MC408 NOW HAVE CO	Combiners was made	ar.					33	·.	1	
. 8	· PL LOCATION CO MILATO AS AN	of the property of the sale of	100					<u> </u>	··	ļ.·.	٠.
2									·	1	.;
:	THE STATE OF CONTRACT	LESUTY ECHONICA		-	LER TIPE PORTE	1-1-16 0- 60-40	men seinut joonanen				
\$1	ATE A P	<u> </u>	<u>₹</u> -				FAY, AUTYR, 1				MINIT
							24809	3	<u>. 1000</u> 4	106009	
•	and the second	CI	ATIFIED CO	PY OF VI	TAL RECO	ADS	-			nver.	and and

OF CALIFORNIA COUNTY OF ALAMEDA

is a true and exact reproduction of the document afficially registered and filed with the Alameda County Hoath Care Services Agency

04/08/2004

This copy not valid unless prepared in angraved border displaying date and arguments of Registrer PAGE 15/15 * RCVD AT 11/18/2004 7:25:35 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/6 * DNIS:8729306 * CSID: * DURATION (mm-ss):07-28

TOTAL P.15

This Page is Inserted by IFW Indexing and Scanning Operations and is not part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

D	efects in the images include but are not limited to the items checked:
	□ BLACK BORDERS
	☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES
	FADED TEXT OR DRAWING
•	☐ BLURRED OR ILLEGIBLE TEXT OR DRAWING
	☐ SKEWED/SLANTED IMAGES
	COLOR OR BLACK AND WHITE PHOTOGRAPHS
	GRAY SCALE DOCUMENTS
	☐ LINES OR MARKS ON ORIGINAL DOCUMENT
	REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY
	OTHER:

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.